

**SSI Medicaid Information****IMPORTANT:** Your Medicaid cannot start until you return this form.

County Number

Worker Number

Case Number

Worker Name

State ID

Worker Phone

SSI Application Date

**Please send this form back in the enclosed envelope by**  
so we can decide if you can get Medicaid.

If you need help filling out this form, call your worker at the number listed above. Please answer all questions.  
**If you are filling out this form for someone else**, please answer the questions as if you were that person.

Please give the phone number where we can reach you: (\_\_\_\_\_)\_\_\_\_\_

1. Do you live in a nursing facility? If yes, what is the name of the facility? ☐ Yes ☐ No  
\_\_\_\_\_
2. Have you or your spouse given away, traded, or sold resources or assets for less than fair market value within the last 60 months (including setting up a trust)? ☐ Yes ☐ No
3. Do you or your spouse have a trust? ☐ Yes ☐ No
4. **Only if you are under the age of 18.** Are both of your parents living with you? If no, list the name(s) and social security number(s) of the parent(s) not living with you.  
Name(s) \_\_\_\_\_ SSN(s) \_\_\_\_\_ ☐ Yes ☐ No
5. **Only if you recently moved to Iowa**, is the SSI application date the correct date of when you moved to Iowa? If not, then fill in the correct date.  
\_\_\_\_\_ ☐ Yes ☐ No
6. **Only if you are under the age of 23.** Are you a student? ☐ Yes ☐ No
7. **Only if you have a spouse, child or parent who lives with you and that you support.** Do you want to apply for medical and cash assistance for that person? ☐ Yes ☐ No

## Retroactive Medicaid Coverage

**Only if you want help to pay medical bills you have for the three months before the month you applied for SSI, complete this section.** REMEMBER: If you are filling out the form for some one else, fill in the answers for the person who is getting SSI.

**If you receive SSI as a disabled person, fill in the date that your disability began:** \_\_\_\_\_

### Income

List all income you and your spouse had (or your parents had if you are under age 18) for each of these months and **provide proof of the amount**. Attach a separate sheet if you need more space.

	First month before SSI application			Second month before SSI application			Third month before SSI application		
	You	Your Spouse	Parents or Dependents	You	Your Spouse	Parents or Dependents	You	Your Spouse	Parents or Dependents
Type of income received in each month	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Gross earnings									
Veteran's benefits									
Social security									
Private pension									
Disability insurance									
Unemployment benefits									
Dividends and interest									
Income from property									
Workers' compensation									
Railroad retirement									
Gifts									
Accelerated life insurance									
Alimony/ Child support									
Black lung									
Civil service									
In-kind support									
Income insurance									
IPERS									
Life estate									
Self employment									
Trusts									
Student income									
Other (list)									

## Resources or Assets

List all resources/assets available to you and your spouse (and your parents if you are under age 18) for each of these months and **provide proof**. Attach a separate sheet if you need more space.

	First month before SSI application			Second month before SSI application			Third month before SSI application		
Type of resource or asset	You	Your Spouse	Parents or Dependents	You	Your Spouse	Parents or Dependents	You	Your Spouse	Parents or Dependents
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Cash on hand									
Checking account									
Savings account									
Stocks or bonds									
Certificates of deposit									
Trust fund									
Value of safety deposit box contents									
IRA/Keogh									
Money market									
Annuities									
Burial funds									
Burial plots									
Home you're not living in									
Home you are living in									
Real estate (not your home)									
Contracts for sale of real estate									
Life estate									
Resources used for self employment									
Life insurance									
Deferred compensation									
Other (identify)									
Vehicles owned by you or your spouse, and if you are under 18 years include your parents' vehicles.	Year Make Model Market value	_____		Year Make Model Market value	_____		Year Make Model Market value	_____	

## Health Insurance Information

**Remember: If you are filling the form out for some one else, fill in the questions for that person.**

1. Do you have Medicare? ☐ Yes ☐ No  
If yes, do you have Part A? ☐ Yes ☐ No Part B? ☐ Yes ☐ No Drug Plan? ☐ Yes ☐ No
2. Do you currently have other health insurance policies? ☐ Yes ☐ No
3. Do you have or could you get health insurance through your job or your spouse's job? ☐ Yes ☐ No
4. If you are under 18, do you have or could you get health insurance through your parent's job? ☐ Yes ☐ No
5. Do you have court ordered medical support? ☐ Yes ☐ No
6. Do you have a lawsuit from an accident? ☐ Yes ☐ No
7. Did you have health insurance that ended since your SSI eligibility began? ☐ Yes ☐ No  
If **yes**, fill in the date it ended: \_\_\_\_\_
8. Can you get health insurance free of charge? ☐ Yes ☐ No

**If you have other health benefits or if you answered Yes to any question about health insurance, complete the following:**

Type of policy \_\_\_\_\_

Name policy holder \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Insurance company name \_\_\_\_\_

Claims office address \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

What does the policy cover? (Check all that apply) ☐ Hospital ☐ Physician ☐ Drugs ☐ Dental

If you are covered by more than one health insurance, give us the information on a separate sheet of paper.

### Things You Must Agree to If You Get Medicaid

If we need more information, we will contact you after you send this form to the Department of Human Services (DHS). You may call the phone number on the first page if you need Medicaid right away. If you qualify for Medicaid, we will let you know in writing. **You, or someone acting for you, must sign that you agree to the statements on the page titled "Important Statements" before you will get Medicaid.**

I believe the information I give is true, correct, and complete. I know there is a penalty for hiding or giving false information. I understand this and agree to get proof of what I say when asked to by DHS. I certify under penalty of perjury that all answers I give are correct and complete to the best of my knowledge.

Signature or mark of application payee (or legal guardian)		Date	
Signature or person, if any, who helped complete the form		Date	
Name of representative payee		Phone number	
Street address	City	State	Zip code

## Important Statements

If I am responsible for a child who is under the age of 18 and has a parent who is not living with this child, I know that I must cooperate to get medical support and to establish paternity when it has not been established for this child. Also, DHS can take action to get medical support for the child from anyone who must provide medical support. When medical support payments for medical expenses have been ordered, they must go to DHS to help pay for medical bills.

I must not let someone else use my medical card.

A medical review is needed before I can get Medicaid if I am living in a nursing home or wanting services that help me to stay at home. The Iowa Medicaid Enterprise (IME) will do this review. I give my permission to DHS, IME, the nursing home and anyone who gives me medical care to share information about my health and information needed to do this review.

The Social Security law requires that DHS use my social security number to check facts with other federal and state government agency computer matching systems like the Internal Revenue Service system. If DHS finds that I gave false information, I will have to pay back what I got incorrectly. I may also face criminal or civil action for giving false information.

Payments made by all health insurance including Medicare must be paid directly to the doctors and health care providers while I get Medicaid. I will cooperate in refunding to DHS payment of any settlement that I get that is to pay for medical bills when Medicaid paid the bill.

The law says DHS does not need permission to recover medical payments. DHS can ask for payment from any person or company who is responsible for paying medical bills for a person who gets Medicaid. I will cooperate with DHS in getting needed information.

Federal and state law allows persons from the federal and state governments to look at records of Medicaid payments. I know that by accepting Medicaid, I am giving my permission for these persons to look at my medical or health care records for the time I am getting Medicaid so these persons can make sure the provider was paid correctly by Medicaid.

I agree to assign medical payments from a third party to the Medicaid agency for myself and others who are eligible for Medicaid for whom I legally can assign benefits. I also agree to cooperate in obtaining payments from third parties.

If I am put in a managed health care plan, I will allow release of medical information, including any clinical mental health information, by persons providing medical care to me. This information will be given to the health maintenance organization, or another managed care plan that is giving me service if I am in managed health care. Also, information may be given to the people who are working for the managed health care plan to determine if provided services are correct, are of good quality, or are used correctly.

If I am the person getting SSI and I am under age 21, I can take part in a program called Care for Kids that promotes my health. The worker has more details.

If you don't agree with any action taken on your Medicaid case, you or your representative may ask for a hearing. This request has to be in writing. Any person you choose may present your case at the hearing.

Your local Department of Human Services will assist in filing an appeal if you ask them. If you disagree with any action taken on your Medicaid, you may contact **Iowa Legal Aid at 1-800-532-1275** or, if you live in **Polk County, call 243-1193** if you need help with an appeal.

We look at your request for Medicaid without considering your race, creed, color, sex, age, physical or mental disability, religion, national origin or political belief. (There are rules about getting Medicaid depending on your age and disability.)

## What You Should Know

### Reporting Changes

When you get Medicaid you must report some changes to your Department of Human Services county office and other changes to the Social Security Administration. Report your income, resources, and living arrangements to the Social Security Administration.

**Report the following changes to your county DHS office within 10 days of the date that you know about the change:**

- Health insurance coverage
- The cost of health insurance if you live in a nursing facility
- Entering a nursing facility
- Giving away resources or assets
- Making a trust with your resources or assets
- Staying in a hospital for 15 days or more if you get waiver services
- Moving to a new address

If you get other help from our Department, such as Food Assistance or State Supplementary Assistance, there is more information that you must report. Ask your worker about that.

### Your Rights

**You have the right to:**

- Have Medicaid decided for certain months before you get SSI benefits, if you have medical bills. Your worker will tell you if DHS can help pay those bills.
- Ask for help from programs other than Medicaid.
- Have your questions answered.
- To have information kept confidential, unless it is needed to correctly pay your medical bills.

### Your Responsibilities

**You must provide proof of the facts we ask about in order to receive Medicaid.** (*This is only a guide.*)

Your income maintenance worker may ask you for more information or for more facts on information that you have already given. If you cannot get the information, ask your worker for help. You must give written permission for your worker to contact others for that information. You must show us:

- A trust set up with your resources or assets.
- The value of resources or income that you gave away, sold, traded for less than fair market value or did not take possession of.
- Resources of your spouse if you have a spouse at home and you live in a nursing facility.
- Income and resource facts for you or your spouse, if you want Medicaid for the time before your SSI benefits began.
- We may need more facts regarding your health insurance.
- We may need more facts concerning an absent parent of a child under the age of 18.
- Income and resource facts for you and for your parents if you want Medicaid before your SSI began and you are under the age of 18 and lived at home before your SSI benefits began.

**“Income”** means earned income, income from self-employment, rental income, social security benefits, veteran’s benefits, railroad retirement benefits, child support, interest and dividend income, pensions, and cash from property sold on contract, unemployment benefits, or worker’s compensation benefits.

**“Resources”** or assets, means cash, money in the bank, certificates of deposit, IRAs, Keogh accounts, stocks and bonds, licensed and unlicensed vehicles, land, property sold on contract, burial contracts, real property other than your homestead, burial plots, recreational vehicles, property, life insurance or money market accounts.

## Important Notice to Property Owners and Renters

Your property taxes may be suspended or reduced, under Iowa law. You may be eligible if you are elderly or disabled.

### What is Tax Suspension?

Tax suspension means that you will not have to pay your property taxes until the property is sold or transferred to another person.

### Can My Property Taxes Be Suspended?

Your property taxes may be suspended if:

- You get either Supplemental Security Income (SSI) or State Supplementary Assistance (SSA), or
- You live in a nursing home and the Department of Human Services is paying for all or part of the cost for your care.

You will not have to pay a penalty while your taxes are suspended. The suspended taxes will need to be paid when the property is sold or transferred. If you want to, you can still pay your taxes while they are suspended.

The County Board of Supervisors runs the tax suspension program. You must give the County Board of Supervisors proof that you qualify for property tax suspension. You do this in the county where your property is located.

You will get a Notice of Decision that tells you if you are eligible for tax suspension. This notice will be proof that you qualify. This notice will say:

“You get SSI, State Supplementary Assistance or you live in a facility in which the Department of Human Services is paying some or all of the cost. You may not have to pay property taxes at this time. Take this notice to your County Board of Supervisors to discuss having your property taxes delayed.”

**Take your notice to the County Board of Supervisors for the county where your property is located.** You can find the address and phone number for the County Board of Supervisors in the government section of your phone book.

## What is a Tax Credit?

A tax credit lowers or gets rid of the amount of tax to be paid when property is sold or transferred.

## Can I Get a Tax Credit?

You may be able to get an extra tax credit of up to \$1,000. You must own your homestead property and be responsible for the taxes due on the property.

The amount of the tax credit is based on your income. You may be able to get the extra tax credit if your household's income is less than \$22,360.00 and you:

- Were 65 years of age or older as of December 31 of last year, or
- Were totally disabled as of December 31 of last year.

**Note:** A claim for tax credit may be filed on behalf of an eligible deceased person by the deceased person's spouse, attorney, guardian, or administrator.

To get a tax credit, you must file with your county treasurer.

## Can I Get Both?

Yes, it is better for you to file for both a tax suspension and a tax credit.

## What if I Am Renting My Home?

If you rent your home, and your home is subject to taxes, you may get up to \$1,000 of the total rent you pay each year back. If you live in a nursing home, you are considered to be a renter for this purpose.

You may be eligible for the rent reimbursement if your household's income is less than \$22,360.00 and you:

- Were 65 years of age or older as of December 31 of last year, or
- Were totally disabled as of December 31 of last year.

**Note:** A claim for rent reimbursement may be filed on behalf of an eligible deceased person by the deceased person's spouse, attorney, guardian, or administrator.

Rent reimbursement forms are available at your county treasurer's office.